

State of Maryland-Child Protective Services Program  
**CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARANCE REQUEST**

**INSTRUCTIONS**

1. Type or print legibly in ink. INCOMPLETE FORMS WILL BE RETURNED.
2. Submit a separate form for each individual whose name is to be searched.
3. Provide proof of identify and sign Part III in the presence of a Notary Public.
4. This form must be notarized.
5. Return the completed form to either:

Local Department of Social Services in the area where you reside  
or  
Department of Human Resources  
In-Home Services  
Social Services Administration  
311 W. Saratoga Street, Room 553  
Baltimore, MD 21201

**Part I: PURPOSE OF SEARCH:** (Complete below and the person that this search pertains to must sign the form on the reverse in part III.)

☐ A. RELEASE TO SELF:

- ☐ 1. To determine if I have been found responsible for indicated or unsubstantiated disposition for a child abuse or neglect investigation.
- ☐ 2. To determine if I have any remaining appeal rights

☒ B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Foster Parent         | <input type="checkbox"/> School Personnel       | <input type="checkbox"/> Day Care Center  |
| <input type="checkbox"/> Kinship Care Provider | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care Provider                                 |
| <input type="checkbox"/> Adoptive Parent       | <input type="checkbox"/> CASA                   | <input checked="" type="checkbox"/> Other Employment (Explain <u>Youth Camp</u> ) |
| <input type="checkbox"/> Custody Evaluation    | <input type="checkbox"/> Volunteer              | <input type="checkbox"/> Other (Explain)  |

1. Requesting Agency Or Individual Name

2. Name Of Agency Representative

<u>DHMH-Center for Healthy Homes and Community Services</u>		<u>Joseph T. McKenzie, III</u>		
3. Address	City	State	Zip	Telephone
<u>6 St. Paul Street, Suite 1301</u>	<u>Baltimore</u>	<u>MD</u>	<u>21202</u>	<u>410-767-8423</u>

☐ C. RELEASE OF SUMMARY OF AGENCY FINDING:

I am aware that I have an indicated disposition following a child abuse or neglect investigation and I authorize the agency to release a summary to the individual/agency identified in part I as to why I was found responsible.

**Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED**

1. IDENTIFYING  
INFORMATION:

Last Name	First	Full Middle	Maiden/Birth Name	
<hr/>				
Social Security #	Race	Sex	Birthdate	Other Names Used
<hr/>				

2. CURRENT ADDRESS

City State Zip

3. PRIOR ADDRESS(S) AND DATE(S) (Within The Past 7 Years)

City State Zip Date

City State Zip Date

4. CURRENT SPOUSE

Last, First, Full Middle Race Sex Birth Date

5. PREVIOUS SPOUSE

Last, First, Full Middle Race Sex Birth Date

6. FULL NAMES OF ALL CHILDREN LIVING WITH YOU (Also include adult children not living with you. Attach additional paper if needed)

Last, First, Full Middle	Race	Sex	Birth Date	Last, First, Full Middle	Race	Sex	Birth Date
--------------------------	------	-----	------------	--------------------------	------	-----	------------

**Part III: AUTHORIZATION** (Check either 1 or 2 below. )

Pursuant to Maryland Code of Regulation Section 07.02.07.19, pertaining to the confidentiality of Child Protective Services records and reports, I hereby authorize the Maryland Department of Human Resources (DHR):

- ☒ 1. To notify DHMH - CHHCS (self, agency, or individual listed in part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland DHR, any Local Department of Social Services, and Child Protective Services.
- ☐ 2. To release a summary of the indicated finding to \_\_\_\_\_ (self, agency, or individual listed in part I).

**SIGNATURE:** This form must sign in the presence of a Notary Public by the person named in part II.

DATE: \_\_\_\_\_

**Part IV. CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC**

City/County of: \_\_\_\_\_ State of: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**Part V. BACKGROUND CLEARANCE FINDINGS** (for Local Department or DHR use only)

- ☐ 1. We are unable to determine at this time if the individual for whom a search has been requested has a CPS finding. Form returned to requesting agency. Date \_\_\_\_\_
- ☐ 2. Sent to DHR or Local Department of Social Services: Name \_\_\_\_\_  
Date \_\_\_\_\_  
Date returned from Local Department \_\_\_\_\_
- ☐ 3. Based on information provided by Local Departments of Social Services, we have determined that \_\_\_\_\_ is listed in the Central Registry as being responsible for an ☐ Indicated/ ☐ Unsubstantiated disposition of ☐ Abuse / ☐ Neglect in reference to an investigation conducted in \_\_\_\_\_. Child Protective Service Case/File/Referral #: \_\_\_\_\_
- ☐ 4. Holding for Appeal Appeal Date \_\_\_\_\_ Appeal Disposition \_\_\_\_\_
- ☐ 5. Notification sent to Requesting Agency/Individual: Date \_\_\_\_\_
- ☐ 6. Notification sent to Person: Date \_\_\_\_\_
- ☐ 7. Summary Provided: Date \_\_\_\_\_
- ☐ 8. As of this date, the individual whose name was being searched is NOT identified in the Central Registry as being responsible for abuse or neglect.